

LINDA LINGLE  
GOVERNOR



RUSS K. SAITO  
COMPTROLLER

KATHI THOMASON  
Deputy Comptroller

**STATE OF HAWAII  
DEPARTMENT OF ACCOUNTING  
AND GENERAL SERVICES**

P.O. BOX 119  
HONOLULU, HAWAII 96810-0119

FEB 3 2003

**COMPTROLLER'S MEMORANDUM NO. 2003-04**

TO: Heads of Departments  
ATTN: Administrative and Fiscal Officers  
SUBJECT: Revision to First Hawaiian Bank Stop Payment Order Form

This is to inform departments that a revised First Hawaiian Bank (FHB) Stop Payment Order Form has been implemented. An electronic version of the revised form will be emailed to departments and agencies that have used one in the past. Departments wishing to use an electronic version of the revised form may contact Ms. Dona Kang or Mr. Kurt Muraoka of our Systems Accounting Branch at 586-0610 to obtain a copy.

Departments using the paper form should order the new form from Correctional Industries at a cost of \$4.25 per pad, as soon as possible. Remaining quantities of the old form should be discontinued.

Attached for your information is a sample copy of the revised form with the significant changes described below:

**FIRST HAWAIIAN BANK STOP PAYMENT ORDER FORM**

1. In the "FOR BANK USE ONLY" section, the Stop Expiration information has been changed:

**FROM:**

<u>FY CODE</u>	<u>STOP EXPIRATION DATE</u>
1	June 5, 2002
2	June 5, 2003

**TO:**

<u>FY CODE</u>	<u>STOP EXPIRATION DATE</u>
2	June 5, 2003
3	June 5, 2004

2. The revision date on the bottom left hand corner of the form, has been changed to "01/03".

FEB 05 2003

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Please forward this memorandum to the offices in your department that are involved in stop-payment processing of State of Hawaii checks. If you have any questions regarding this matter, call Mr. Kurt Muraoka of our Systems Accounting Branch at 586-0610.

A handwritten signature in black ink, appearing to read "Russ K. Saito". The signature is fluid and cursive, with the first name "Russ" and last name "Saito" being clearly distinguishable.

RUSS K. SAITO  
State Comptroller

Attachment

**FIRST HAWAIIAN BANK**  
**STOP PAYMENT ORDER**

TITLE OF ACCOUNT: <b><u>Comptroller Sub-Account</u></b>			ACCOUNT NUMBER: <b><u>01-088947</u></b>			<b>FUND CODE CONVERSION TABLE</b>  <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">FUND CODE</td> <td style="text-align: center; width: 50%;">FUND NO.</td> </tr> <tr> <td style="text-align: center;">P</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">W</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">G</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">S</td> <td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">T</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">E</td> <td style="text-align: center;">7</td> </tr> <tr> <td style="text-align: center;">U</td> <td style="text-align: center;">8</td> </tr> </table>		FUND CODE	FUND NO.	P	1	W	2	G	3	S	4	B	5	T	6	E	7	U	8
FUND CODE	FUND NO.																								
P	1																								
W	2																								
G	3																								
S	4																								
B	5																								
T	6																								
E	7																								
U	8																								
CHECK NO.	SERIAL NO.																								
	FY CODE	FUND NO.		LAST SIX DIGITS OF CHECK NO.																					
AMOUNT			0																						
CHECK DATE																									
PAYEE																									
REASON FOR STOP						DATE																			
SIGNATURE OF RESPONSIBLE FISCAL OFFICER				DEPARTMENTAL CONTACT PERSON (PRINT)																					
DEPARTMENT/NAME OF EXPENDING AGENCY						TELEPHONE NO.																			

STOP PAYMENT ORDER  _____ ACCOUNTING DIVISION	DATE SUBMITTED  _____	TIME SUBMITTED  _____
STOP PAYMENT ORDER CANCELLATION  _____ ACCOUNTING DIVISION	DATE SUBMITTED  _____	TIME SUBMITTED  _____

FOR BANK USE ONLY			
<input type="checkbox"/> ENTER STOP PAYMENT  _____ Entered By	<input type="checkbox"/> REMOVE STOP PAYMENT  _____ Confirm #	STOP EXPIRATION DATE	FY CODE
_____ Date	_____ Time	_____ Authorized By	2  3
<input type="checkbox"/> STOP PAYMENT REJECT  _____ Reason		_____ Authorized By	
		June 5, 2003  June 5, 2004	